

MULTIPLE/DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10						
11						
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16						
17	1		1			
18						
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21						
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24	1	2	1	1		
25						
26						
27	1	2	1	1		
28						
29	1		1			
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49						
50						
TOTAL IND.			14			
TOTAL DEP.		34				
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						